

CLAIMS ONLY						Application Number	Filing Date	
						Applicant(s)		
						* May be used for additional claims or amendments		
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend		
1	1					51		
2		1				52		
3			1			53		
4				1		54		
5					1	55		
6		1				56		
7			1			57		
8				1		58		
9					1	59		
10						60		
11						61		
12						62		
13						63		
14						64		
15		1				65		
16						66		
17						67		
18			1			68		
19				1		69		
20					1	70		
21						71		
22		1				72		
23	1					73		
24						74		
25						75		
26		1				76		
27			1			77		
28				1		78		
29	1					79		
30	1					80		
31		1				81		
32			1			82		
33				1		83		
34					1	84		
35						85		
36						86		
37						87		
38						88		
39						89		
40						90		
41						91		
42						92		
43						93		
44						94		
45						95		
46						96		
47						97		
48						98		
49						99		
50						100		
Total						Total		
Indep						Indep		
Total						Total		
Depend						Depend		
Total						Claims		
Claims								